

Wisconsin Department of Regulation & Licensing

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DIVISION OF ENFORCEMENT

SUPPLEMENTAL DEA FORM FOR REPORTING THEFT OR LOSS OF CONTROLLED SUB STANCES

Attention Managing Pharmacist:

The Department of Regulation and Licensing recently received a copy of the "*Report of Theft of Loss of Controlled Substances*" filed with the DEA. Please provide the additional information requested for all the boxes that are checked below. Thank you for your cooperation.

Wisconsin Pharmacy License No: _____ Date: _____

[] You are required to contact the police. Was a report filed?

() YES (If yes, attach a copy of the report)

() NO (If no, report the loss and forward a copy of the report once it has been filed.)

[] Employee Pilferage:

Full Name of employee: _____

If the employee is licensed, what is the license type and number?

License type: _____ License #: _____

If the employee is not licensed, what is the employee's job title?

Has the licensing agency been contacted? () YES () NO

Was the employee terminated? () YES () NO

Was (or will) the employee criminally charged? () YES () NO

[] Describe below the security measures that have been taken to prevent future thefts and losses. (Attach additional sheets if necessary.)

Managing Pharmacist Signature:

Printed Name

Wisconsin Managing Pharmacist License Number:

Please complete and return this form to the address or fax listed below.

Dave O'Connell, Regulation and Licensing Program Supervisor,
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